



Recent Increase of Diarrheal Illness Causes Concern

Since the beginning of the year, there has been a dramatic increase in a disease called shigellosis. Shigellosis is a contagious disease that causes diarrhea, with fever and nausea. It is most common in children 1 to 4 years of age and is a significant problem in child care facilities.

Shigella germs are found in the stool of people with the disease. The germ can get on a person's hands when using the toilet, helping a child with toileting, or changing a diaper. If thorough hand washing is not done immediately after these activities, germs can be spread to anything a person touches, including food, toys, dishes, door knobs and other surfaces.

Very few shigella germs are needed to cause an illness. Even though hands may not appear dirty, shigella germs may be present. You can get shigellosis by direct contact or by placing something in your mouth that has shigella germs on it.

To Prevent the Spread of Shigellosis :

- Promote proper hand washing. Caregivers should wash their hands after using the toilet,

changing diapers, assisting a child with toileting, handling raw meat, eating, smoking, and before and after preparing and serving food. One caregiver should be assigned to change diapers and help with toileting, and one caregiver should prepare and serve food exclusively, if possible.



- Teach children to wash their hands upon arrival, before eating, after toileting, after outside play, and just before departing the facility. Children should also have their hands washed after their diapers are changed.
- Caregivers and children should not be present in the facility if they have diarrhea.

- Furniture, equipment and personal items used by children and staff must be washed, rinsed and sanitized with a bleach solution of 100 – 200 ppm (approximately 1 teaspoon of bleach per gallon of water).

For further information, contact your local health department inspector or Child Care Facility Specialist at the Bureau of Child Care.

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Update



Bureau of Child Care
573-751-2450

Accreditation . . . A Step in the Right Direction

Quality child care is important to parents as well as children's growth and development. How does a child care program demonstrate to parents their program is offering this important environment for children? Accreditation could be the answer.

Accreditation is a process that looks at the total child care program, placing the greatest emphasis on the quality of the interactions between the caregiver(s) and children. Health and safety, staff quality, staff/child ratios, and the physical environment are all reviewed during the accreditation process.

What does the accreditation process involve? There are many accreditation models, but the basic process is the same. Programs begin with a self-study to see how well the program meets the model's criteria in various areas. The next step is the validation process. During this step in the process, a review team makes an on-site visit to the program to verify the program's work done during the self-study phase. The last step is the accreditation decision. A decision is made by a commission, or similar group of professionals, who use their professional judgment regarding accreditation.

The Department of Health, Bureau of Child Care is funding a project through the Missouri Child Care Resource and Referral Network to provide technical assistance to programs seeking accreditation. More information will be available later this summer about how child care programs can apply for this technical assistance.

Quality child care is essential to children and crucial for parents. You may contact your Resource and Referral agency if you would like more information about the accreditation process.

GEMS Program Begins to Shine...

A number of child care providers in the Central and Northeast area of the state are currently participating in a pilot project called GEMS (Growing through Education Means Success). The Missouri Department of Health is supporting this new educational program. Keep your ears open for more information on this exciting program. Your opportunity to participate in this program will be coming in the near future.



Be On the Lookout...

MC+ For Kids is the State of Missouri's health insurance program for children who do not have health insurance because the parent's employer does not offer it, or it is too expensive.

MC+ For Kids information is a valuable resource for child care providers. It may be helpful information for caregivers, as well as the families served. Healthy children make the provider's job easier, and employees with insurance are more likely to remain at the facility.

Child Care Facility Specialists will be distributing updated MC+ For Kids materials to all regulated child care facilities. Be watching for it!

If you need additional information about the MC+ For Kids program, please contact Fritz Swartz, Department of Social Services, at (573) 751-3770 or fswartz@mail.state.mo.us

Consumer Product Safety Commission

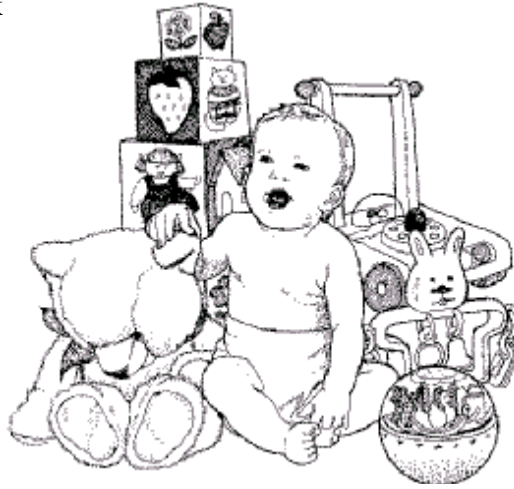
The United States Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products.

The CPSC does this by:

- Developing voluntary standards;
- Issuing and enforcing mandatory standards;
- Issuing recalls of products or arranging for their repairs;
- Conducting research on potential product hazards; and
- Informing and educating consumers regarding product safety.

If you've had a problem with a consumer product, or you want information, you can reach the CPSC through:

- The CPSC toll-free Hotline at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.
- The CPSC web site address at <http://www.cpsc.gov>



Obtaining Recall Information

The U.S. Consumer Product Safety Commission issues approximately 300 product recalls each year, including many products found in child care settings. The recalls are issued through the media, on the CPSC toll-free hotline, and on the CPSC Internet web site.

Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be loaned or given to a charity, relatives, friends or neighbors, or sold at garage sales or secondhand stores.

You can help by not accepting, buying, lending, or selling recalled consumer products. You can contact the CPSC to find out whether products have been recalled, and if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC to find out product information.

You can receive CPSC's current recall information automatically by e-mail or fax, or in a quarterly compilation of recalls sent by regular mail. Call CPSC's hotline and after the greeting, enter 140, and leave the other information requested.

Each issue of this newsletter will highlight a recalled product or a safety issue; however, it would be wise to check with the CPSC on a regular basis for more comprehensive information.

Playtex Products Voluntarily Announces Pacifier Recall in Cooperation with CPSC

In cooperation with the U.S. Consumer Product Safety Commission (CPSC), Playtex Products, Inc., of Westport, Conn., is voluntarily recalling about 1.8 million Classic Patterns "Cherubs" and Soft Comfort latex pacifiers. Because the latex is aging faster than normal, the nipple can detach from the shield, presenting a choking hazard to babies. Playtex has received 21 reports of pacifier nipples detaching from the shields. No injuries have been reported.

Only Classic Patterns "Cherubs" and Soft Comfort latex pacifiers are being recalled. The Classic Patterns pacifiers have the word "Cherubs" embossed in bold block letters on the colored knob of the pacifier shield. The Soft Comfort pacifiers have a soft, butterfly-shaped shield, available with or without a swivel handle. The word "Playtex" is embossed on the pacifier's swivel handle. The pacifiers come in a variety of colors and designs. They were packaged individually or in sets of two. Stores nationwide sold the pacifiers before June 2000 for about \$2 to \$4, depending on whether it was a single or double pack.

Consumers should stop using the recalled pacifiers immediately and return them directly to Playtex for a free replacement pacifier or a \$3 coupon toward the purchase of another Playtex infant feeding or soothing product. Consumers should send the pacifiers to:

Playtex Pacifiers, Playtex Products Inc.
20 Troy Road
Whippany, NJ 07981.

Playtex will reimburse consumers for postage. For more information, call Playtex toll-free at (800) 522-8230 or visit their web site at www.playtexbaby.com/recall.htm. No other Playtex pacifier is involved in this recall.

A Snack A Day

Many caregivers are looking for innovative snacks that meet the CACFP meal pattern requirement. It's easy to get in the rut of serving the same items over and over again. Here are 23 different ideas to make snack time more fun and add a little variety to your menus. Serving sizes are for children 3-5 years. If you provide care 5 days a week and serve one snack a day, you would not have to serve the same snack twice in any month. Offer milk, juice or water with any snack menu without a beverage.

1 Pizza in a Pita	2 1 Tbsp. peanut butter on a 1 oz. slice of banana bread	3 Mud Dip Taco chips	4 Banana pudding (1/2 c. bananas) vanilla wafers (3/4 oz.)	5 1/4 cup yogurt graham crackers (2 squares)
6 Apple crisp (made with 1/2 apple per child)	7 Quesadillas (or Nachos)	8 Pancake (made with 1/4 c. batter) Applesauce (1/2 cup)	9 Gone Fishin' (Children dip 1/2 oz. fish shaped crackers and fishing pole pretzel sticks into 1 Tbsp. peanut butter on a plate)	10 Banana slices (one small banana) 1 T. Peanut butter spread on a slice of whole wheat bread or bagel
11 Finger sandwiches 1 slice bread (choose your favorite filling) cut in shapes with cookie cutters Milk (1/2 cup)	12 Cheese hammers (1/2 oz. cheese cubes on 1/2 oz. pretzel sticks)	13 Yogurt & cereal sundaes (layer 1/4cup yogurt, 3/8 cup cereal, and fruit in clear plastic cups)	14 Tatertots (8 tots) Melted cheese (1/2 oz.)	15 Baked apples (one small 2 1/2" diameter) Milk (1/2 cup)
16 Hawaiian bagels (1/2 bagel) Pineapple juice (1/2 cup)	17 Baked potato (one small) Cheese (1/2 oz. melted cheese)	18 Kabobs (1/2 oz. meat and cheese with 1/2 cup fruits & vegetables on pretzel sticks	19 Cheese toast sticks (1 slice bread/ 1/2 oz. cheese) Orange juice	20 Tuna salad (1/2 oz. tuna per child) 4 wheat crackers
21 Scrambled eggs (1/2 egg per child) Toast 1/2 slice	22 Strawberry short cake 1/2 cup fresh or frozen berries over one cooked and cooled canned biscuit) Whip cream, optional	23 Vegetable soup (1 cup soup with 1/2 c. vegetables) 4 Saltine crackers (Read the story <u>Stone Soup</u>)		

Recipes

¹ Pizza in a Pita - spaghetti sauce and 1/2 oz. mozzarella cheese in half a Pita. Wrap in foil, heat at 350°F for 7-10 minutes.

² Mud Dip: 1 1/2 c. cooked or canned beans (mashed), 1/8 t. garlic powder, 1 t. onion powder, 1 t. chili powder, 1 t. cumin, 6 oz shredded cheese. Stir spices and cheese into beans. Heat until cheese melts. Serve 1/8 cup beans with 1/2 ounce taco chips.

³ Quesidilla - spread taco chips or 1/2 flour tortilla on a baking sheet. Top with salsa and 1 Tbsp. cheese, 2 Tbsp. refried beans. Bake until cheese melts. Serve immediately. Add garnish of lowfat sour cream or yogurt if desired.

4 ⁴ Hawaiian bagels - cut bagels in half spread with a small amount of cream cheese top with pineapple and coconut.

Getting the Lead Out of Child Care

Childhood lead poisoning is a major, preventable environmental health problem in the United States and Missouri. Lead is a poison that affects almost every system in the body. It is especially harmful to the developing brain and nervous system of young children. Even low blood lead levels are associated with harmful effects on children's ability to learn. Very high blood lead levels can cause devastating health consequences including seizures, coma and death.

Symptoms of mild levels of lead may include:

- Behavior disorders
- Learning disabilities
- Growth failure
- Developmental delay
- Hearing loss
- Hyperactivity

Symptoms of moderate levels of lead may include:

- Anemia
- Abdominal pain
- Constipation
- Weight loss

Sources

✓ Lead dust produced from lead paint is the **PRIMARY SOURCE** of lead poisoning. Whenever doors or windows are opened and shut, a thin layer of lead dust can accumulate in windowsills, floors and on toys and food that are nearby.

✓ Lead Paint – Lead paint was manufactured for household use until 1978 and is still available for industrial, military and marine use. If your home or building was built before 1978, it may contain lead paint. If the paint is in good repair (not chipping, flaking or dusting), and children are not chewing on the painted surfaces, there is no health risk. If the paint starts to chip, flake or dust, and

small children are in the building, action needs to be taken to repair the surfaces. You should not attempt to conduct this work yourself. In licensed child care facilities, any activity to repair or renovate a lead painted surface needs to be done by a licensed abatement contractor. A list of these workers is available from the Missouri Department of Health at 888-837-0927.

✓ Lead Soil – The most common sources of lead in soil are from leaded gasoline and industrial emissions, and exterior remodeling. The contaminated soil can be tracked in on pets, shoes and dirty hands.



✓ Hobbies – Some hobbies including stained glass, fishing sinker and bullet making, car repair, pottery glazing, and furniture refinishing, involve lead and leaded material. When participating in these hobbies, make sure that materials are not available to children and that there is adequate ventilation in the area.

✓ Occupational take-home – Some occupations, including lead smelting/recycling, auto repair, battery manufacturing/recycling, plumbing, and construction, require working with lead. Adults who work in these industries need to shower and change clothes before coming home. It is also important to make sure clothes worn at work are washed separately.

✓ Mini-blinds – A few years ago, vinyl mini-blinds were found to contain lead. As the mini-blinds age, the lead becomes dust on the blinds and is accessible to children who play with the blinds. The lead dust can get on their hands or

in the windowsill where they may stand to look out. Newer versions of the blinds were made with no lead, so when replacing blinds, look for ones labeled as "lead free" or "new lead free formula".

Testing

The only way to detect lead poisoning is to have your health care provider test the child. The Missouri Department of Health recommends that all children be tested for lead at 12 and 24 months of age. A child should also be tested if they are less than six and have never had a test. A test for lead poisoning involves a short questionnaire to determine the child's risk as well as a blood test to determine the level of lead in the blood.

Prevention

Here are a few simple steps that can be taken to prevent lead poisoning:

- ✓ Prevent children from getting access to the source of lead.
- ✓ Damp mop/dust frequently.
- ✓ Wash objects that children often put in their mouths.
- ✓ Wash children's hands often – especially before eating, napping and after playing outside.
- ✓ Assure proper nutrition including regular meals that contain iron, calcium, vitamin C and are low in fat.
- ✓ Discourage children from putting toys and fingers in their mouths.
- ✓ Have children play in areas of the yard that have grass instead of bare soil.

If you would like more information, you can contact your local health department or the Missouri Department of Health, Section for Environmental Public Health at 800-575-9267 or 573-526-4911

Reviewing The Need For . . .

The demands upon child care providers and caretakers are ever increasing and at times may feel overwhelming. Children come in a variety of sizes, have varying abilities, and each possesses a unique set of individual needs that must be recognized and met. Child care providers are placed in a position to conclude what those needs are and how they can best be met within the child care environment.

To provide children with quality care, child care providers must gather as much information as possible from parents about their child(ren) at the time of enrollment. An important piece of information to learn is whether a child will need any specialized care as a result of physical, health-related, developmental, behavioral, or emotional issues.

The Missouri Department of Health's Bureau of Child Care is aware of the importance to both the child and the child care provider to have this information, as reflected in Licensing Rules 19 CSR 40-61.135 (3) and 19 CSR 40-62.132 (5), which states:

"A child who has a special physical, developmental, or behavioral need shall have on file an individualized plan for specialized care from a professionally qualified source."

This means that whenever a child has a condition that presents the potential need for specialized care, the child care provider must have a statement from the professionally qualified person who diagnosed or has the specialized knowledge of the child's particular issue. This statement should outline in detail an individualized plan for the specialized care needs to be provided. If no specialized care is needed, this also needs to be documented for the provider by the professionally qualified person and placed in the child's file for future reference.

When initially enrolling a child for care, the provider needs to ask the parent(s) if the child has any special condition (physical, health-related, developmental, behavioral, or emotional).

If the parent indicates that the child does have a condition that indicates a need for some specialized care, it is good to know if the condition has been formally diagnosed by a doctor, psychologist, social worker, speech therapist, etc.

Sometimes parents will indicate that their child may have a specialized care issue such as hyperactivity; however upon further discussion the child care provider learns that there has never been a formal evaluation. In such situations, the child care provider may request that a more formalized evaluation be completed.

If the child has been formally evaluated, the parent needs to secure written information outlining the specialized care/attention the child may need and any other significant data that will be helpful to the provider.

The information should include but is certainly not limited to the following:

- Identification of the child's specific physical/health-related condition or the developmental, behavioral, or emotional issue;
- Detailed description of the specialized care needed for the condition or issue;
- Identification of any medication and/or treatments (Because a child can have a negative reaction to medication, this information is needed regardless of whether the medication and/or treatment is provided at the child care facility);
- Outline of any possible side effects or emergency situations that could occur as a result of the condition;
- Instructions about what action needs to be taken by the facility in the event of an emergency;
- Any limitations for the child concerning his/her participation in child care activities at the facility;
- Any food items or other conditions that could cause an allergic reaction.



... Individualized Care Plans For Children

Certain conditions may be confusing for child care providers when deciding whether a specialized care plan is needed. These include the following:

- Asthma and other respiratory problems (these include the need to have specific instructions about the use of inhalers and other breathing treatments);
- Attention Deficit Disorder and other related conditions;
- Speech disorders;
- Hearing loss;
- Conditions that require daily medication;
- Seizure disorders;
- Diabetic condition;
- Allergies;
- Down syndrome;
- Developmental delays; and
- A history of child abuse and/or neglect.

All of the above conditions or situations require an individualized care plan from a professionally qualified person.

Having written individualized care plans on file helps protect both the provider and the child. It assures the provider and other caregivers that they will have all of the necessary information to plan appropriately for the care of the child; it clarifies the individual responsibilities and expectations to be assumed by the caregiver and the parent; and it increases the quality of care the child receives.

When Child Care Facility Specialists visit child care facilities, they will generally ask whether there are any children in care with special needs and if so, if there are individualized care plans on file. The enrollment records and medical assessment forms of other children may also be reviewed for comments from parents or medical staff that indicate a need for an individualized care plan. The need for an individualized care plan is discussed with the child care provider and a time frame is established for this information to be on file at the facility.

To assure that thorough and accurate information is given to the provider, the written individualized care plan needs to come from a professionally qualified person. It is important for the provider to have direct information from the professionally qualified source rather than having this information translated through another individual, who may inadvertently forget to include all of the information needed.

In addition, parents may not always share complete information or may "downplay" issues because of their fear that their child will not be accepted into care. When the individualized care plan has been put in writing from the professionally qualified person there is less likelihood of misinterpretation or error.

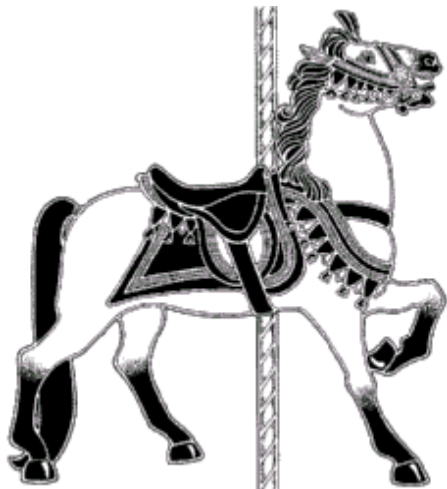
For school age children and some preschoolers, parents may provide a copy, when applicable, of the IEP (Individualized Educational Plan), or IFSP (Individualized Family Service Plan) which are maintained at the child's school, or the IHP (Individualized Health Plan) which is prepared by the Department of Mental Health.

Any information concerning a child with special needs should always be handled in a confidential manner by all caregivers responsible for a child's care. Individualized care plans need to be filed in the child's record and accessible in the event of any emergency.

The Bureau of Child Care shares in the mutual goal of parents and the child care provider community that all children in child care settings receive safe, healthy, and nurturing care.



A Bit About The Family Care Safety Registry



The Department of Health, along with the Departments of Social Services and Public Safety, is working to develop and implement the Family Care Safety Registry and Access Line by January 1, 2001.

What is the Family Care Safety Registry and Access Line?

The Family Care Safety Registry and Access Line will help protect children and elderly in this state by providing background screening information on certain child care and elder care workers and licensure status information on licensed child care and elder care providers. The registry will contain information on child care workers' and elder care workers' backgrounds and child care and elder care providers through:

- State criminal background checks conducted by the Missouri State Highway Patrol;
- Child abuse/neglect records maintained by the Division of Family Services;
- The Employee disqualification List maintained by the Division of Aging;
- Child care facility licensing records maintained by the Department of Health;

- Foster parent, residential care facility and child placing agency licensing records maintained by the Division of Family Services;
- Residential living facility and nursing home licensing records maintained by the Division of Aging.

Who will be required to register in the Family Care Safety Registry?

Any person hired on or after January 1, 2001, as a child care or elder care worker, as defined in §210.900, RSMo, is required to make application for registration in the Family Care Safety Registry within 15 days of the beginning of employment.

How is background information requested from the Family Care Safety Registry?

A person will be able to call a toll-free telephone number to request background information on individuals registered in the Family Care Safety Registry. A system is also being developed that will allow employers to submit multiple inquiries on employees or prospective employees.

Who can receive background information from the Registry?

A person can request background information for employment purposes only. Employment purposes include direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those contemplating the placement of an individual in a child or elder care setting. Any person who uses the

information obtained from the registry for any purpose other than employment purposes is guilty of a class B misdemeanor.

What information will the Family Care Safety Registry disclose?

Disclosure of background information on an individual registered in the Family Care Safety Registry will be limited. Upon receiving an inquiry, a registry worker will first confirm whether the individual is listed in the Family Care Safety Registry. If the individual is listed, the registry worker will then disclose whether the individual's name is listed in any of the background checks and if so, which one. Specific background information will only be disclosed after the registry has received a signed request with the inquirer's name, address and reason for requesting the information. Registrants will be notified each time they are the subjects of an inquiry to the registry. The notification will contain the name and address of the person making the inquiry.

How can I obtain additional information on the Family Care Safety Registry?

More information on how the Family Care Safety Registry and Access Line will affect child care providers and their employees will be included in the Fall 2000 issue of *Healthy Child Care*.

Comments and questions may be sent to the Family Care Safety Registry
Missouri Department of Health
P.O. Box 570
Jefferson City, MO, 65102

Checking In On Playground Safety



Summer is an exciting and wonderful time for children. It is also a time that brings additional challenges for child care providers.

Children in child care settings traditionally spend more time outdoors during the summer months. In addition to careful supervision of the children in care, child care providers need to monitor the equipment and play space carefully to ensure that it is a safe environment. It is very important for child care providers to have a plan in place for inspecting the outdoor play space on a daily basis to make sure that all equipment is in good condition, the resilient surface meets current safety guidelines, and that the physical environment is free of hazard.

All providers should have a basic working knowledge of the Consumer Product Safety Commission Public Playground Safety Guidelines and use that information when inspecting equipment. You may obtain a copy of these guidelines from your Child Care Facility Specialist.

The University of Iowa, National Program for Playground Safety, recently completed a safety study of public playgrounds in the United States. They developed a safety checklist to allow providers to do a self-assessment on the safety of their playground. The overall grade for public playgrounds in the United States was a grade of C. Missouri's public playgrounds received a grade of C-.

You may access their Web Site at www.uni.edu/playground for additional information. The following is an excerpt from that checklist.

Equipment should be free of:

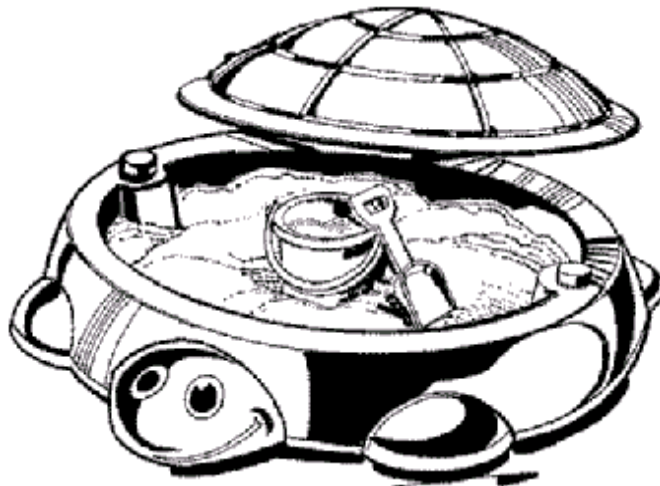
- ✓ Broken or missing parts-if a piece of equipment is broken, steps need to be taken to repair it, and children should be kept off the equipment until it is safe.
 - ✓ Protruding bolts- these can cause problems with children running into the equipment or catching clothing, which poses a potential safety hazard.
 - ✓ Noticeable gaps- strangulation is the leading cause of playground fatalities. Some of these deaths occur when drawstrings on sweatshirts, coats and other clothing get caught in gaps in the equipment. The area on top of slides is one potential trouble spot.
 - ✓ Head entrapments - head entrapment occurs when the body fits through a space but the child's head cannot pass through the same space. This occurs because generally young children's heads are larger than their bodies. The Consumer Product Safety Commission recommends that the space between two parts (usually guardrails) be less than three and a half inches or greater than nine inches to avoid potential entrapment.
 - ✓ Rust- weakens the equipment and will eventually create a serious playground hazard.
 - ✓ Splinters- wood structures must be treated regularly to avoid weather-related problems such as splinters. Splintering can cause serious injuries to children.
 - ✓ Cracks/holes- plastic equipment may crack or develop holes due to temperature extremes.
- Supervision is key in keeping children safe when they are on the playground. Incidents of children being left unattended or injured on the playground increase dramatically in the summer months. It is estimated that approximately 40 % of playground injuries have lack of supervision cited as a contributing factor.
- The following are suggestions for providing appropriate supervision while children are in the outdoor play area:
- ✓ Proper supervision means children can be seen at all times. There should not be any blind spots where children can hide out of the sight of the adult(s). Many crawl spaces, tunnels, or other equipment present challenges to proper supervision. If you are not able to see into the crawl space, tunnel, or boxed area, a staff member should be positioned at that piece of equipment to provide supervision.
 - ✓ Staff should be specifically assigned to do a sweep of the outdoor play area to ensure that no child was left unattended when the group returned to the building. This step takes very little time, but it can prevent leaving a child without supervision, which may result in emotional or physical harm to the child.
 - ✓ Rules help to reinforce expected behavior. You should periodically review the rules of the outdoor playground with the children. You may consider posting the playground rules where children can see them. Also review the rules with all staff members on a regular basis.
- Play is essential for normal, healthy development, including social, emotional and physical development. We should remember that play is a child's work. We need to ensure that their play environment is a safe place for them to develop and grow. Have a wonderful summer and be safe.

Playing It Safe When Picnicking With Kids

Children love picnics, but remember, food spoils quickly in the summer heat. In hot weather, it is especially important to pack food carefully to prevent foodborne illness.

Here are some tips to help you prepare for safe and tasty picnics.

- ✓ Use commercial ice packs or make your own. To make your own ice pack, take some ice cubes and place them in a freezer safe plastic bag. Wrap the bag with foil and place either this “ice pack” or a freezer gel pack inside your cooler or bag to keep food cold.
- ✓ Make several sandwiches at one time. Wrap each sandwich by itself and freeze it separately. After the sandwiches are frozen, put them all together in a big plastic bag and keep them in the freezer until you’re ready to leave. Simple sandwiches like peanut butter, cheese, sliced meat, or poultry sandwiches freeze best.
- ✓ When you leave the facility, place the frozen sandwiches in your cooler or bag. They will thaw by lunchtime. Put lettuce, tomato, and mayonnaise in a separate container and add them to the sandwiches just before you eat them.
- ✓ Freeze small cans or boxes of juice or small containers of yogurt or applesauce, and place them in your cooler or bag. The frozen food will thaw by lunchtime.
- ✓ Serve safe, warm-weather lunch foods such as fresh or canned fruit, raw vegetables, raisins, crackers, or cookies.
- ✓ Pack all food in clean plastic wrap or sandwich bags.



Here are some tips to help you serve safe food at the picnic site.

- ✓ Keep the cooler in the shade. Don’t leave it in direct sunlight or in the vehicle.
- ✓ Keep the lid on the cooler. Avoid opening the cooler frequently.
- ✓ Add more ice if the ice begins to melt.
- ✓ Do not leave food out for more than an hour in hot weather.
- ✓ Serve food from the cooler quickly.
- ✓ Serve small portions so the food doesn’t stay out of the cooler too long.

If you plan to prepare food at the picnic site, there are some other rules to follow.

- ✓ Keep food cold until ready to grill it.
- ✓ Cook food completely at the picnic site; no partial cooking ahead of time.
- ✓ Cook food thoroughly; red meat and poultry until it is no longer pink and juices run clear, fish until it flakes with a fork.
- ✓ Use a clean plate to serve cooked food.
- ✓ Make sure that juices from raw meat don’t come in contact with other foods.

Adapted from *Food Tips and Recipes*, Penn State College of Agriculture. Reprinted with permission from the National network for Child Care - NNCC. VanHorn, J.E. and Horning, L. (1995). Safe food: picnicking with kids. In Todd, C.M (Ed.), *Family child care connections*, 4(5), Urbana-Champaign, IL: University of Illinois Cooperative Extension Service.

Visit the National Network for Child Care (NNCC) web site at <http://www.nncc.org>

Earned Income Tax Credit – Good News for Employers & Employees



The Earned Income Tax Credit (EIC) is a special federal tax benefit for working people who earn low or moderate incomes. It has several important purposes:

- To reduce the tax burden on these workers;
- To supplement wages; and
- To assist people making the move from welfare to work.

Employees can get the EIC – worth up to \$3,800 for some families as a refund at tax time or employees can receive a portion of the EIC in their regular paychecks. This is called the advance earned income tax credit. Through the advance EIC employers can add as much as \$115 extra each month to a worker's paycheck – at no cost to the employer!

WHO CAN GET THE EIC?

Eligibility for the EIC depends on a family's size and income:

- Families with one child who earn less than \$27,413 in calendar year 2000 are eligible for a credit of up to \$2,353.

- Families with two or more children who earn less than \$31,152 in calendar year 2000 are eligible for a credit of up to \$3,888.
- Workers without a qualifying child who earn less than \$10,380 in calendar year 2000 are eligible for a credit up to \$353.

HOW DOES ADVANCE EIC WORK?

Employees request the advance EIC by completing IRS form W-5 and turning it in to their employer. Employers simply deduct this amount from their overall federal payroll tax deposits. Advance EIC payroll instructions are in the IRS publication for employers – Employer's Tax Guide, Circular E.

Employees can sign up at any time during the year. They do have to complete a new W-5 each calendar year. Under federal law an employee who files a W-5 with an employer **MUST** be given advance payments. Employers are **NOT** required to make sure employees are eligible for advance EIC – that is the employee's responsibility.

EIC IS GOOD FOR EMPLOYEES

Additional money in a paycheck or as a tax refund can make a big difference in meeting day to day needs such as child care, utility bills,

transportation needs, and for larger expenses such as medical bills, car purchase, or repairs.

An eligible worker who has not applied for the end of year EIC refund can do so for 3 years prior and receive any EIC they may have been eligible for in those years!

EIC IS GOOD FOR EMPLOYERS

Employees who are better able to pay for unexpected bills, transportation or child care needs, will be less likely to be absent from work, or to quit their job – reducing employee turnover and improving productivity.

WHAT CAN YOU DO TO HELP?

- Promote EIC to all workers. Even if someone is not eligible, they may tell an eligible friend.
- Provide workers with the resources available to help them decide if they are eligible, and information on where to file their tax return at no cost.
- Encourage low income employees to take advantage of all resources available to assist them, including food stamp benefits and MC+.

For more information about the EIC, contact Laurie Hines, Department of Social Services, at (573) 526-5251.

Upcoming Dates and Events

July:

National Lead Poisoning Prevention Week - July 16-22; For more information: The National Lead Information Hotline and Clearinghouse: 1-800-424-LEAD; or www.epa.gov/lead/nlic.htm; or: www.hud.gov/lea.

Food Safety Education Month: Sponsored by the National Restaurant Association Education Foundation and the International Food Safety Council. For more information: 1-800-765-2122; or www.foodsafetycouncil.org; or www.restaurant.org.

National Kids Day - September 16; held annually the third Saturday of September. The purpose is to honor children and demonstrate a commitment to nurturing, loving and supporting children in order to prepare them for the future. For more information: 1-800-25PEACE; or www.kidsday.net.

September:

Baby Safety Month: sponsored by the Juvenile Products Manufacturers Association to guide parents in the safe selection and use of baby products. For more information: www.jpma.org.

National Child Injury Prevention Week - September 1-7; sponsored by Safety by Design, Ltd.; designed to alert, motivate and educate parents to reduce the number of children who die or are disabled as a result of preventable injuries.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health, Bureau of Child Care, P.O. Box 570, Jefferson City, MO., 65102, 573-751-2450. EEO/AAP services provided on a nondiscriminatory basis.

MISSOURI DEPARTMENT OF HEALTH
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